	PATI	ENTA	PPLICATIO Effect	ive Januar	y 1, 20	03				106	7	40	99
			CLAIMS AS	(Column		(Colum	nn 2)		AALL EN		OR	OTHER SMALL	
TO	TAL C	AIMS		< %					RATE	FEE		RATE	FEE
FO	R			NUMBER FILED		MUMBER EXTRA		В	asic fee	375.00	OR	Basic Fee	750.00
10	TAL CH	ARGEA	BLE CLAIMS	Kminus 20=		.38		Γ	X\$ 9=	خهر	OR	X\$18=	
IND	EPEND	ENT CL	AIMS	minus 3 =		. 0		ı	X42=		OR	X84≈	
MULTIPLE DEPENDENT CLAIM PRESENT								t	+140=		OR	+280=	
• H	the diff	ference	in column 1 is	less than ze	ro, ente	r <b>"O" i</b> n o	otumo 2	L	TOTAL	117	OR	TOTAL	
3	DELAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER	
	<u> </u>	0 1	(Column 1)		HiG	(EST	(Column 3)	Г		ADDI-			ADDI-
AMENDMENT A-			REMAINING AFTER AMENDMENT		PREVI	Ber Ously For	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
DME	Total		-58	Minus	<b>~</b> 5	8	. —		X\$ 9-	_	OR	X\$18=	
ME	Indep		. 3	Minus	200	3	•		X42=		OR	X84=	-
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=								OR	+280=	_		
		TOTAL OR ADOIT, FEE											
i.	1	ADDIT, FEE									ADDII. FEE		
Ė			(Column 1) CLAIMS REMAINING AFTER		FEG.	REST ABER HOUSLY	PRESENT EXTRA	][	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT B			AMENOMENT	Mirus	PAI			1 H	X\$ 9=	FEE		X\$18=	FEEE
2	Total	endent	15/12	Minus	-	分	-	1 }		/	OR	V94-	
₹			NTATION OF &		PENDEN	TECNIM	//	1 }	X42=	/	OR		<b>/</b>
<b>L</b>	1							- [	+140=	<u> </u>	OR		1
									TOTAL DOIT, FEE		OR	ADDIT. FE	
1	731	-06	(Column 1)			ımn 2)	(Catumn 3	L	·				
<b>LENT C</b>			CLAIMS REMAINING AFTER		NU PREV	MEST MBER MOUSLY D FOR	PRESENT		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL FEE
OME)	Total		AMENDMENT		11-1	1	-/_	<u>1</u>	X\$ 9=	V -	OR	X\$18=	1/
MONEMA	Inde	pendent	· /	ettrus /	V	7	I•/	]	X42=/	1	OR	X84=	Y
Ľ	FIRS	T PRES	ENTATION OF	WILTIPLE DE	PENDE	AT CLASS	<u> </u>	┛┇	+140=		OR	+280=	1
١,	t the c	ntry in cos	gran 1 is tess then	the entry in co	umn 2, w	to V in c	olumn S.	L	TOTAL		OR	TOTA	
	" If the T	Highest N	umber Previously umber Previously mber Previously I	Peld For IN Th	(IS SPACI	E (3 1633 W)	NEW SON GLEEN SON		DOME FEE		-8	AUGI. PE	
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**Application or Docket Number**